

REPORT OF RECEIPTS AND EXPENDITURES \$100.00 MA+2:9 \$102 .II. and Ime Jamil beviese OF A POLITICAL COMMITTEE

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes X No		<u>~</u>	·		
COMMITTEE INFORMATION		_			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new	name				
		MELIT			
PROLD KEPUBLICANS NVITING DEMOCRATIC 2. Actionlym of Abbreviated Name (If any)	3. Committee To	elephone Number			
PRIDE		634-6400			
	Check if this is a ne				
2024 Hillside Ave					
5, City, State, ZIP Code	6. Party Affiliation	on (if applicable)			
Indianapolis. IN 46218		EPUBLICAN			
CANDIDATE INFORMATION (For Candidate's C					
7. Full Name of Candidate (Include any nickname)	8. Party Affiliation	on or if independe	nt Candidate		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of R	esidence			
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY		
11. Check one:		Check one:	4		
Pre-Primary Pre-Election Annual Nomination Other		_ DPre-Com	1		
Final/Disbands Committee (lines 18, 19, and 20 must be '0') Outgoing Treasurer (within 10 days amend Statement	of Organization)	Post-Cor	nvention		
12. Reporting Period:	C	COLUMN A	COLUMN B		
From: Unnury Through: December 3, 2012	7	his Period	Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.		_ O			
14. Cash on hand and investments January 1, current year.					
CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)					
15a. Itemized (use Schedule A)		partin and the second and the secon			
15b. Unitemized 15c. Add lines 15a and 15b in both columns SUB	TOTAL		0		
		<u> </u>			
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES	TOTAL	0	0		
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (use Schedule B) (Public Question: use Schedule C)					
17a. Remized (use scriedule b) (Public Question, use scriedule C)					
	BTOTAL		0		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	6	0		
The state of the s		<u> </u>			
19. Debts OWED BY the committee (use Schedule D) 20. Debts OWED TO the committee (use Schedule E)	202,	494.67			
20. Debis Over 10 tile confinities (use scredule E)		<u> </u>			
CERTIFICATION			OR OFFICE USE ONLY		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS		D COMPLETE.			
Signature of Treasurer Aburah a grung Title REASURER	Date ///	1/13			
Signature of Candidate (if applicable)	Date	/ No	babeth of white		
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WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D fetony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

JAN 1 1 2013

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, (egardless of the amount.) OWED BY the committee during the reporting period, include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER							
491011							
Page _	2	of	2				

GREDITOR S OR LENDER'S NAME & MAILING ADDRESS (strent, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRLSS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-10-DATE	OUTSTANDING BALANCE THIS PERIOD
PRINT COMMUNICATIONS 2457 E. WASHINGTON INDIANAPOLIS IN 46201		800.31	1/31/03		800.31
LENDER'S OCCUPATION: X peate		000			
100 Tomee Drive Tinton Falls, NJ		223.00 Promo	2/03		223,60
Shallen berger & Assoc. Po Box 6953 Kokomo, IN 46904		184.00 Adulertising	6199		નશ્ન ∞
Parker Machinery Movers 2024 Hillside Aue Indianapolis, 12 46218		7284.15 unbsite/	1/03		7284.15
Parker Machinery Movers 2024 Hillside Aur Indianapolis, IN 46218		254,203.69 loan	04/04/99		254, 203.69
Parker Machinery Mouris 2024 Hillside Aug Indianapolis, IN 46218		29,500°€	1/3/03		29,506.00
			-		
SUBTOTAL THIS PAGE OF SCHEDULE D					
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheel)					

January 11, 2013

Following is the annual report for PRIDE.

Please fax time dated receipt copy to 317-632-4460.

Thank you.

Pages including cover sheet: 3

